



THE NATIONAL ASSOCIATION OF
State Emergency Medical Services Directors

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May 27, 1993

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**FEDERAL COMMUNICATIONS COMMISSION
 OFFICE OF THE SECRETARY**

**Ms. Donna R. Searcy, Secretary
 Federal Communications Commission
 1919 M Street N.W. Room 222
 Washington, DC 20554**

Re: PR Docket No. 92-235

Dear Ms. Searcy:

The National Association of State Emergency Medical Services Directors (NASEMSD) is comprised of the state emergency medical service directors for all 55 states and territories of the United States. The members of the association are the individuals responsible for planning, developing and regulating the emergency medical service (EMS) systems for each state. The NASEMSD is committed to the expansion and improvement of comprehensive, state-of-the-art EMS systems throughout the nation in order to save lives and reduce disabilities resulting from serious injuries and acute illnesses. One of the significant and important components of comprehensive EMS systems is the provision of reliable communications systems which includes access to emergency services (e.g. 9-1-1 telephone), dispatching of appropriate emergency medical services, coordination of emergency medical efforts with the other public safety services (e.g. law enforcement and fire), and provision of medical direction communications between EMS providers at the scene of the emergency and physicians based at hospitals.

As President of the NASEMSD, I am submitting these comments on behalf of the association membership. The NASEMSD has additionally joined in the comments submitted by the International Municipal Signal Association/International Association of Fire Chiefs, Inc. (IMSA/IAFC). The NASEMSD worked closely with IMSA/IAFC to petition the FCC for adoption of the Emergency Medical Radio Service (PR Docket No. 91-72) which was recently approved by the Commission. We commend and applaud the Commission for taking the action to form the EMRS and we implore you to continue to remain conscious of needs of the emergency medical services community as you deliberate PR Docket No. 92-235 and the communications needs of the future.

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The NASEMSD agrees with the Commission on the need to increase the efficiency of spectrum usage below 512 MHz. In recent years we have recorded numerous incidents of radio frequency interference which adversely affected the provision of emergency medical services and which may have resulted in the loss of human life. We believe, however, that with few exceptions the most severe problems of frequency congestion are in urban and metropolitan areas. This will continue to be true even with the adoption of the Emergency Medical Radio Service. We also appreciate that the urban and populous areas are more likely to have access revenue funding to purchase new radio equipment necessary to meet the new narrow band and other technical requirements proposed under PR 92-235.

Conversely, the lower response volume and less stable revenue sources in rural areas pose potentially serious problems for rural EMS providers as they face the impending restrictions proposed in the rule making. Many rural EMS providers are volunteer services with limited funding sources. Thus the requirements for new equipment will be potentially detrimental to the delivery of service. Further, in rural areas, with sparse populations and fewer EMS services competing for spectrum, there is little or no problem with frequency congestion. These rural

grouping of channels, by making them available to the new Public Safety category. NASEMSD and the EMS providers of the country have not had sufficient opportunity to avail themselves of the benefits of the identified frequencies. Historically, developing EMS systems has taken longer than other public safety type systems such as police radio systems, due in part to the diversity of the involved agencies (ambulance services, rescue services, hospitals, communications centers) that do not routinely report to a common administrative body. This makes funding and development of an organized communications system more difficult and time consuming to achieve. The previous FCC Rules requiring adoption of multiple MED channels and incorporation of a minimum number of frequencies have aided in evolving compatible systems. We encourage the Commission to enact mechanisms to restrict availability to the MED channels. The intervening new narrow channels between these frequencies should be reserved for EMS related services. The ten MED channels have been exclusively used for EMS purposes and should be maintained for EMS to the maximum extent possible for future development of compatible trunked MED radio systems.

Further, we recommend that all Emergency Medical Radio Service applicants continue to be required to provide supporting endorsement or statement from the "governmental body having jurisdiction over the states's emergency medical services plan" or similar requirement as now